

<b>Case Number:</b>	CM14-0191262		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	12/01/2010
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 42 year old male with an injury date on 12/01/2010. Based on the 10/13/2014 SOAP notes provided by the treating physician, the diagnosis is: 1. Displacement of lumbar intervertebral disc without myelopathy. According to this report, the patient complains of "continues to experience pain in the mid back and lower back with radiation to both legs" with tingling and numbness. Pain is rated as a 6-8/10 with analgesic medications and an 8-9/10 without analgesic medication. Physical exam shows decreased lumbar spine range of motion. Tenderness to palpation is noted over the posterior aspect of the shoulder and bilateral lumbar paraspinal muscles. There is diminished sensation in the bilateral L5 and S1 dermatomes of the lower extremities. Drop arm test, lumbar facet loading maneuver, and straight leg raise test are positive. There were no other significant findings noted on this report. The utilization review denied the request for Docuprene 100mg by mouth twice a day when necessary, Trazodone 50mg 1-2 tabs by mouth at bed time #60, and Prilosec 10mg by mouth twice a day #60 on 10/21/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports and treatment notes from 05/14/2014 to 10/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Docuprene 100 mg, by mouth twice a day when necessary:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77.

**Decision rationale:** According to the 10/13/2014 report, this patient presents with "pain in the mid back and lower back with radiation to both legs." Per this report, the current request is for Docuprene 100mg by mouth twice a day when necessary. Patient's current medications are Ibuprofen, Docuprene, Trazodone, and Prilosec. Regarding constipation medication, MTUS recommends as a prophylactic treatment when initiating opioid therapy. Review of reports does not indicate the treating physician will initiate opioid therapy or that the patient is on opiate. However, the treating physician documented that the patient is "having constipation." The requested Docuprene to help the patient with constipation appears reasonable and MTUS recommends as a prophylactic treatment. The request is medically necessary.

**Trazodone 50 mg 1-2 tabs by mouth at bed time, # 60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-17.

**Decision rationale:** According to the 10/13/2014 report, this patient presents with "pain in the mid back and lower back with radiation to both legs." Per this report, the current request is for Trazodone 50mg 1-2 tabs by mouth at bed time #60 "to address insomnia." Trazodone is classified as an anti-depressant. The MTUS Guidelines on antidepressants page 13 to 17 states, "recommended as a first line option for neuropathic pain and is a possibility for non-neuropathic pain." Trazodone is also used for insomnia for patients with concurrent depression. In this case, the patient suffers from chronic low back pain with insomnia and neuropathic pain. The request is medically necessary.

**Prilosec 20 mg by mouth twice a day, # 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton Pump Inhibitors (PPIs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI: NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** According to the 10/13/2014 report, this patient presents with "pain in the mid back and lower back with radiation to both legs." Per this report, the current request is for Prilosec 10mg by mouth twice a day #60 and this medication was first noted in 04/16/2014

report. The MTUS page 69 states under NSAIDs prophylaxis to discuss; GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of reports show that the patient is currently on Ibuprofen and has gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. However, the treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. The request is not medically necessary.